



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

**Notice of Decision**

Decision Date: June 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001634

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s November 7, 2014 and January 30, 2015 eligibility determination notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
  - NY State of Health Appeals
  - P.O. Box 11729
  - Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

**Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001634

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine on November 7, 2014 that you were eligible for Medicaid, effective January 1, 2015?

If so, should your Medicaid coverage continue until December 31, 2015?

## Procedural History

On November 7, 2014, the Marketplace sent you a renewal notice that stated you qualified for Medicaid, because federal and state data sources showed that your income was between \$0.00 and \$16,105.00 and therefore within the allowable income range for Medicaid based on your household size. This eligibility was effective January 1, 2015.

On January 29, 2015, you updated your application several times, changing the income information that was contained in the application. The final preliminary eligibility determination prepared that day stated you were eligible for Medicaid continuous coverage.

On January 29, 2015, you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as you were still enrolled in Medicaid coverage.

On January 30, 2015, the Marketplace issued an eligibility determination notice that stated you were no longer eligible for Medicaid; however your Medicaid coverage would continue until December 31, 2015 because certain individuals

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who are determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date that they were determined eligible.

On February 27, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to give you an opportunity to submit supporting evidence.

On February 27, 2015, you uploaded your supporting evidence, which included paystubs and screen shots of direct deposits. This evidence was marked as Appellant's Exhibit 1 and incorporated into the record.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that for 2015 you plan on filing an income tax return with a tax filing status of single and claiming no dependents on that tax return.
- 2) You testified that on January 29, 2015 you saw the notice about renewal in your Marketplace account. That day you attempted to update your account but you were told you were eligible for Medicaid.
- 3) The final income that was listed on your application on January 29, 2015 was \$22,056.68. You testified that this amount is your best guess as to what your annual income will be because you freelance as a [REDACTED] and you work as a [REDACTED].
- 4) You testified that your catering job pays weekly and you receive checks at least once a week from your [REDACTED] job as well. You further testified that you can get paystubs for your [REDACTED] job, but your [REDACTED] job you cannot.
- 5) You uploaded a paystub dated January 21, 2015 for \$50.00 in gross pay and a paystub dated January 28, 2015 for \$125.00.
- 6) You uploaded screen shots of direct deposits that you received, including \$300.00 on January 7, 2015, \$567.99 on January 12, 2015, \$175.00 on January 13, 2015, and \$471.46 on January 29, 2015.
- 7) You testified that your pay from both jobs is consistent from month to month.

- 8) You testified that the income in your Marketplace application varied so many times on January 29, 2015 because you were trying to understand why you were eligible for Medicaid and wanted to test the system.
- 9) You testified that you reside in ██████████ County, New York.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid Eligibility

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

Most applicants determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

## **Legal Analysis**

The first issue is whether the Marketplace properly determined on November 7, 2014 that you were eligible for Medicaid effective January 1, 2015.

According to the record, there is one person in your household. You plan on filing your 2015 tax return as single and will claim no dependents on that tax return.

On November 7, 2014, the Marketplace sent you a renewal notice for the year 2015 that stated you qualified for Medicaid because federal and state data sources showed that your income was between \$0.00 and \$16,105.00 and therefore within the allowable income range for Medicaid based on your household size. Your eligibility was effective January 1, 2015. However, the Marketplace did not provide the information from the federal and state data sources upon which the determination was made.

According to the last January 29, 2015 application you submitted to the Marketplace, you attested to an expected household income of \$22,056.68 for the 2015 tax year. You also testified to this amount at your hearing as being your best guess as to what your income will be this year. You further provided evidence that you receive steady paychecks from your two jobs.

To qualify for Medicaid coverage, effective January 1, 2015, you would have had to meet all of the Medicaid criteria and have a household income no higher than \$16,242.60 (138% of \$11,770.00, the 2015 FPL for a one-person household).

Since the Marketplace did not provide information on the exact income amount it used to calculate the November 7, 2014 eligibility determination, and because the record reflects that your actual expected income of \$22,056.68 for the 2015 tax year is above the one-person household Medicaid threshold of \$16,242.60, the November 7, 2014 eligibility determination notice is RESCINDED.

The second issue is whether your Medicaid coverage should continue until December 31, 2015 as stated in the January 30, 2015 eligibility determination notice.

Once a person is found eligible for Medicaid, they remain eligible for Medicaid for twelve continuous months whether or not their income increases. This is referred to as “continuous coverage.”

Since there is no evidence to support a finding of Medicaid eligibility as stated in the November 7, 2014 eligibility determination notice, the continuous coverage policy should not have been applied to you. Therefore, the January 30, 2015 eligibility determination notice is also RESCINDED.

## **Decision**

The November 7, 2014 and January 30, 2015 eligibility determinations are RESCINDED.

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Your case is RETURNED to the Marketplace for a redetermination of your eligibility for financial assistance based on a one-person household, expected annual income of \$22,056.68, and a county of residence of ██████ County.

**Effective Date of this Decision:** June 16, 2015

### **How this Decision Affects Your Eligibility**

This is not a final determination your family's eligibility for financial assistance.

Your case is being sent back to the Marketplace for a redetermination of your eligibility for financial assistance based on a household size of one person, expected annual income of \$22,056.68, and a county of residence of New York County.

### **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

## **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The November 7, 2014 and January 30, 2015 eligibility determinations are **RESCINDED**.

This is not a final determination your family's eligibility for financial assistance.

Your case is being sent back to the Marketplace for a redetermination of your eligibility for financial assistance based on a household size of one person, an expected annual income of \$22,056.68, and a county of residence of [REDACTED] County.

## **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).



**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]